

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04462

FILED
Apr 28, 2008
Secretary of State

Entity Name: UNITED STATES COLOMBIAN MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

280 ARAGON AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

396 ALHAMBRA CIRCLE
SUITE 210
CORAL GABLES, FL 331345045

Current Mailing Address:

280 ARAGON AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

396 ALHAMBRA CIRCLE
SUITE 210
CORAL GABLES, FL 331345045

FEI Number: 59-2487432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESTREPO, DIEGO L ESQ
396 ALHAMBRA CIRCLE
SUITE 210
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D, P () Delete
Name: DANGOND, ALVARO M.D.
Address: 280 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D, V () Delete
Name: BOLIVAR, JUAN M.D.
Address: 280 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D, V () Delete
Name: PAREDES, JUAN CARLOS M.D.
Address: 280 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D, T () Delete
Name: CHARRIA, GUSTAVO M.D.
Address: 280 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134 UA

Title: SEC () Delete
Name: CARROLL, WILLIAM M.D.
Address: 280 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134 UA

Title: D () Delete
Name: PARDO, JORGE MD
Address: 280 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134 UA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change () Addition
Name: DANGOND, ALVARO M.D.
Address: 396 ALHAMBRA CIRCLE, SUITE 210
City-St-Zip: CORAL GABLES, FL 331345045 US

Title: D, V (X) Change () Addition
Name: BOLIVAR, JUAN M.D.
Address: 396 ALHAMBRA CIRCLE, SUITE 210
City-St-Zip: CORAL GABLES, FL 331345045 US

Title: D, V (X) Change () Addition
Name: PAREDES, JUAN CARLOS M.D.
Address: 396 ALHAMBRA CIRCLE, SUITE 210
City-St-Zip: CORAL GABLES, FL 331345045 US

Title: D, T (X) Change () Addition
Name: CHARRIA, GUSTAVO M.D.
Address: 396 ALHAMBRA CIRCLE, SUITE 210
City-St-Zip: CORAL GABLES, FL 331345045 UA

Title: SEC (X) Change () Addition
Name: CARROLL, WILLIAM M.D.
Address: 396 ALHAMBRA CIRCLE, SUITE 210
City-St-Zip: CORAL GABLES, FL 331345045 UA

Title: D (X) Change () Addition
Name: PARDO, JORGE MD
Address: 396 ALHAMBRA CIRCLE, SUITE 210
City-St-Zip: CORAL GABLES, FL 331345045 UA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVARO DANGOND, MD

D.P

04/28/2008

Electronic Signature of Signing Officer or Director

Date